

1. CIR./DIST./ DIV. CODE MAX/BO	2. PERSON REPRESENTED CLARENCE EARLE	VOUCHER NUMBER	
3. MAG. DKT/DEF. NUMBER	4. DIST. DKT/DEF. NUMBER 04-CR-10065-MLW	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) United States v. Clarence Earle	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

8 USC 1326**REQUEST AND AUTHORIZATION FOR TRANSCRIPT**

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)

Appeal to U.S. Court of Appeals for the First Circuit13. PROCEEDING TO BE TRANSCRIBED (Describe specifically) NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).
Arraignment on Superseding Indictment - May 23, 2005

14. SPECIAL AUTHORIZATIONS	JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)	
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	

15. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act

Signature of Attorney

2-22-06

Date

16. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 15 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

None Pro Tunc Date

Charles W. Rankin

Printed Name

617-720-0011

Telephone Number:

 Panel Attorney Retained Attorney Pro-Se Legal Organization**CLAIM FOR SERVICES**

17. COURT REPORTER/TRANSCRIBER STATUS		18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS				
<input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other		Judith Twomey				
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE		Telephone Number: _____				
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original						
Copy						
Expenses (Itemize)						
TOTAL AMOUNT CLAIMED :						

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services

Signature of Claimant/Payee _____ Date _____

ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

Signature of Attorney or Clerk _____ Date _____

APPROVED FOR PAYMENT - COURT USE ONLY

23. APPROVED FOR PAYMENT	24. AMOUNT APPROVED
Signature of Judicial Officer or Clerk of Court	Date

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Trial on 11/7/05, 11/8/05, 11/10/05, and 11/14/05, and sentencing hearing on 2/21/06**14. SPECIAL AUTHORIZATIONS**

JUDGE'S INITIALS

A. Apportioned Cost _____ % of transcript with (Give case name and defendant)

B. Expedited Daily Hourly Transcript Realtime Unedited TranscriptC. Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal
 Defense Opening Statement Defense Argument Voir Dire Jury Instructions

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Signature of Attorney

2-22-06

Date

Charles W. Rankin

Printed Name

617-720-0011Telephone Number: _____
 Panel Attorney Retained Attorney Pro-Se Legal Organization**16. COURT ORDER**

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 15 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

Nunc Pro Tunc Date

CLAIM FOR SERVICES**17. COURT REPORTER/TRANSCRIBER STATUS** Official Contract Transcriber Other**19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE****18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS****Richard Romanow**

Telephone Number: _____

20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original						
Copy						
Expenses (Itemize)						

TOTAL AMOUNT CLAIMED :**21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED**

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee _____ Date _____

ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

Signature of Attorney or Clerk _____ Date _____

APPROVED FOR PAYMENT - COURT USE ONLY**23. APPROVED FOR PAYMENT****24. AMOUNT APPROVED**

Signature of Judicial Officer or Clerk of Court _____ Date _____